

# FALL/WINTER PROGRAM REGISTRATION FORM



Mail: Recreation Office, 915 Menomonie St, Eau Claire, WI 54703  
Office: 715.839.5032 Fax: 715.839.1685

**Check the box below that applies to your family:**

☐ City of Eau Claire Resident ☐ Non-City of Eau Claire Resident

**Registering Adult, Parent or Guardian (Please print clearly and fill out all information completely)**

First and Last Name (parent/guardian):			Gender (M/F):		
Address:				Apt #:	
City:	State:	Zip:			
Home Phone:		Cell Phone:		Work Phone:	
Email Address(s):					
Emergency Contact for Participant(s) (name and phone number):					
<p><b>If participating in a youth league, I have read and understand the online Concussion Agreement Form?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No          (If check <b>No</b>, you will not be able to participate). Concussion information can be found online at: <a href="http://www.eauclairewi.gov/concussion">www.eauclairewi.gov/concussion</a>          Are you interested in coaching your child's team? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes Head Coach <input type="checkbox"/> Assistant Coach <b>Adult's Name:</b> _____          Does participant need an accommodation due to a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No (If marked <b>Yes</b>, please contact Recreation Office at 715.839.5032)          How did you hear about us? <input type="checkbox"/> Prime Times <input type="checkbox"/> Social Media <input type="checkbox"/> Website/Web Search <input type="checkbox"/> Other _____</p>					

**Fill in program information for each participant. (More than one participant can be listed – Use two registration forms if necessary)**

Activity # 1 <sup>st</sup> Choice	Activity # 2 <sup>nd</sup> Choice	Activity Name	Participant's Name	DOB	M/F	School Attending (Fall '21)	Grade (Fall '21)	Activity Fee
EX: SAQL1-101SM	SAQL1-102SM	Level 1 Swim	John Doe	9/14/12	M	Manz	3	\$42
								\$
								\$
								\$
								\$
								\$

I understand participation in Parks and Recreation Programs involves an element of risk or danger for all participants and may cause serious injury, death, or property loss. I agree to assume these risks for my family and release the City of Eau Claire, its employees, and other participants from any liability for injuries and damages sustained while participating in these programs.

Participant or Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Payment Information (Make checks payable to: ECPR)**

☐ I would like to donate to the youth Fairfax pool pass fund or youth recreation scholarship fund: \$\_\_\_\_\_ **TOTAL ACTIVITIES + DONATIONS \$** \_\_\_\_\_

☐ Cash ☐ Check #\_\_\_\_\_ ☐ Money Order ☐ American Express ☐ Discover ☐ Master Card ☐ Visa

Cardholder Name: \_\_\_\_\_ Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ (MM/YY) CVV# \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

**NOTE: Credit card information is shredded after registration is complete.**

**CONFIRMATION RECEIPTS WILL BE SENT VIA EMAIL TO EMAIL ADDRESS YOU LISTED ABOVE. PLEASE REVIEW ALL CONFIRMATION NOTES.**